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assi	nection with any and all patient applications assigned <u>only</u> to the gnment documents attached to this form in accordance with 37 in gnee Name and Address:	undersigned according to the U CFR 3.73(b).	SPTO assignment records or	
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req be	opy of this form, together with a statement under 37 uired to be filed in each application in which this form completed by one of the practitioners appointed in the on behalf of the assignee, and must identify the app	n is used. The statement used is form if the appointed pr	inder 37 CFR 3.73(b) may actitioner is authorized to	
	SIGNATURE of Ass The individual whose signature and title is supplied b		alf of the assignee	
Name Unda S. Stevenson				
Sign	sature Sinde & Stevenson	Date	Jely 27, 2005	
Title	Manager, Patent Prosecution	Telephone	(510) 587-6000	